



## CHANGE OF BENEFICIARY

Account owner's name: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Original beneficiary's name: \_\_\_\_\_  
Projected enrollment year: \_\_\_\_\_

---

The following information is required for the **SUBSTITUTE BENEFICIARY**:

Substitute beneficiary's name: \_\_\_\_\_  
Relationship to original beneficiary: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Current grade/age: \_\_\_\_\_  
Projected enrollment year: \_\_\_\_\_

The 10 year period to use benefits begins with the projected enrollment year of the original beneficiary. Only one change of beneficiary is allowed and there must be at least 32 semester hours remaining on the account for any benefits to be transferred. The remaining benefits cannot be used to pay invoices prior to the date of the substitution. The \$55.00 fee is waived if the substitution is made due to scholarship, military academy attendance or death/disability of the beneficiary. (Please include supporting documentation.)

---

*I certify by signing below that the information I have provided on this form is true and correct and that all documentation I have presented is either the original or an unaltered copy of the original. The substitute beneficiary meets the criteria defined in the PACT Rules. I understand that submission of this information and this certification are treated as made under oath by law and subject to penalties for perjury. (Ala. Code, § 13A-10-100(a)(3) and § 13A-10-102.)*

Account owner's signature: \_\_\_\_\_  
Print name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_

Please complete this form and remit the \$55.00 processing fee to the PACT office.